

PART B - FEE(S) TRANSMITTAL

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O I P E
 MAR 29 2006

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24923 7590 02/08/2006

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Beth Pearson-Naul (Depositor's name)

Beth Pearson-Naul (Signature)

March 29, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/757,051	01/14/2004	Juergen S. Schoen	584-23131-USD	4819

TITLE OF INVENTION: COMBINED CHARACTERIZATION AND INVERSION OF RESERVOIR PARAMETERS FROM NUCLEAR, NMR AND RESISTIVITY MEASUREMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/08/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FETZNER, TIFFANY A	2859	324-339000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Madan, Mossman & Sriram, P.C.

1 _____

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3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee name will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baker Hughes Incorporated

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee

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Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 102-0429 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

K Pearson

Date March 29, 2006

Typed or printed name

Kaushik P. Sriram

Registration No. 43,150

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